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ABSTRACT

Adolescent pregnancy is examined from 2 viewpoints: (1) the marital status of young adolescent girls who become mothers at a too young age is less relevant to the social problem of adolescent pregnancy than the attendant adverse effects, i.e., adolescent pregnancy, per se, rather than illegitimacy is the social problem; and (2) too early marriage and/or child rearing predispose young girls to disadvantages which are directly related to poverty conditions. Data from Vital Statistics Reports and from empirical studies are utilized to establish similarities between married and unwed teenage girls with respect to fertility patterns, socioeconomic level, and access to life's choices. The presumed relationship between too early marriage and/or child rearing and the incidence of poverty is noted from the standpoint of (a) decreased time and energy and/or lack of opportunity for continued educational pursuits, (b) low, income level, and (c) excess fertility. The"high risks" of pregnancy and childbearing to young girls and their infants is also considered. These major conclusions are drawn: (1) in relation to poverty, the timing of the first birth may be of greater strategic importance than the ultimate size of the family; and (2) adolescent pregnancy is far less a moral problem than it is a socioeconomic and health problem. (Author)

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ADOLESCENT PREGNANCY AND POVERTY: IMPLICATIONS FOR SOCIAL POLICY[1]

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Adolescent pregnancy, per se, has been devoted little consideration by clinical observers and empirical researchers. For the most part, such pregnancies have received attention only insofar as they have occurred without the moral and legal sanctions of matrimony. This concern with illegitimacy has had the effect of blinding theorists and researchers to a whole segment of the adolescent pregnant population--the married teenager. Further, the adverse effects of adolescent pregnancy have been shrouded by moral precepts.

From existing evidence there appears to be no doubt that the married teenage girl is an integral part of the adolescent pregnancy phenomenon, one which is, in effect, very similar to the unwed mothers' phenomenon as it relates to the incidence of poverty.[2] For both wed and

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[1]Paper submitted for presentation at the annual meetings of The Society for the Study of Social Problems, Denver, August 28 and 29, 1971.

[2]There is a higher incidence of births to the married than to the unwed teenager. Over 40 percent of such births represent probable premarital conceptions. Approximately two-thirds of the married teenage mothers are from a low socioeconomic background. The instability of teenage marriages leads to high incidence of female headed households. For an elucidation of these points see: National Natality Statistics: "Interval Between First Marriage and Legitimate First Birth, United States, 1964-66." Vital Statistics Report, Vol. 18, No. 12 Supplement (March, 1970), p. 1, and Mary Grace Kovar, "Interval From First Marriage to First Birth." Unpublished paper for Population Association of America (April, 1970). See Tables E and F.

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unwed teenagers who have a pregnancy and subsecuent birth at a too young age, the likelihood of poverty conditions is high. Incomplete education, low income level, psychological and developmental problems, excessive fertility and probable social dependency are problems common to both populations of girls.

Studies of the relationship between fertility and poverty have focused primarily on the actual versus desired or expected number of births. Although such studies have invalidated the common assumption that the poor want large families, they have thrown little light on the influence on poverty of family formation, i.e., early marriage and/or adolescent pregnancy. An implicit relationship is indicated by Orshansky who suggests that the probability of a family living in poverty is positively related to the number of children in the family.[3]

Two major tendencies can be detected from the work cited above and most existing family planning programs: (1) focus is placed on limiting family size and excessive fertility, and (2) attention is directed to the created family.

The influence of the timing of the first birth, legitimate and illegitimate, has been virtually ignored. Yet, in terms of the relationship between fertility and poverty, the timing of the first birth

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[3]Mollie Orshansky, "Counting the Poor: Another Look at the Poverty Profile." Social Security Bulletin, Vol. 28 (January, 1965), Table 8, p. 25 and Table 6, p. 17.

and the spacing of subsequent births may be of greater strategic importance than the ultimate size of the family.[4]

The relationship between fertility and poverty appears especially cogent in terms of the very young teenage girls. It has been demonstrated that level of education is directly and indirectly related to conditions of poverty. Directly, education relates to factors associated with the maintenance and/or improvement of socioeconomic level, such as employment status, personal and social competences, and income level. Indirectly, education relates to poverty through its effects upon fertility[5]--there is a positive relationship between education and knowledge and use of contraceptives. It would seem, then, that educational level is at least one of the major keys to improvement in life's choices. But it is exactly this avenue to improvement which is generally closed to the teenage girl, wed as well as unwed, who becomes a mother at a too young age.

Even though society generally subscribes to education as a dominant value and as a tool for upward mobility, the attainment of

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[4]Ronald Freedman and Lolagene Coombs, "Childspacing and Family Economic Position." American Sociological Review, Vol. 31 (October, 1966), pp. 631-648.

[5]See for example the following: Orshansky, "Poverty Profile," Frederick S. Jaffe, "Family Planning and Poverty," Journal of Marriage and the Family (November, 1964), pp. 467-470; Jaffe, "Patterns for Community Organization and Delivery of Services," from E. Edmonds (ed.) A Report on the First National Family Planning Conference for Nurse Educators in Baccalaureate Schools of Nursing, Carolina Population Center, Monograph No. 7, 1970.

this goal is denied many pregnant teenagers and mothers. While there is no uniform school policy governing the adolescent pregnant girl, most public schools require the girls to withdraw from school. Pregnancy is reported to be the largest known cause of school drop-out among high school girls.[6]

When policies allow pregnant girls and mothers to continue their educational program, there is a strong possibility that society, as well as the girls, will benefit from the investment. On the other hand, society and the girls are losers by permanent expulsion. Continued ignorance can only have the effect of compounding problems for the girls themselves and for society. Be this as it may, society's moral stance on this issue generally takes precedence over the practical aspects. Therefore, delaying adolescents' first births may be the present best solution to these girls' educational endeavors.

Continued education has immediate as well as long range benefits for teenage girls. Being part of a school environment means having the chance to be with peers at a time in the developmental process when peer group relationships may be most important. To sever these relationships by the adult processes of pregnancy, childbearing, and childrearing undoubtedly thwarts normal growth and developmental processes.

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[6]See Howard J. Osofsky, The Pregnant Teenager (Springfield, Ill.: Charles C. Thomas, 1968), and Lee Burchinal, "School Policies and School Age Marriages," Reprinted from the Journal of Family Life Education (March, 1960).

As a long range benefit of continued education, a sense of independence is developed. The opportunities for employment and the accompanying economic gains are corollary rewards. Both low level of acquired education and income maintenance are predisposing factors to low subsistance and/or social dependency. Early marriage and/or childbearing decreases the amount of time and money that might be invested in educational pursuits.

In addition to the relationship between childbearing at a too young age and poverty, due to low acquired levels of education and income, is the relationship between early childbearing and poverty due to excess fertility. There is evidence to indicate that early childbearing is positively related to excess fertility.[7] And there can be no doubt that excessive fertility is related to the incidence of poverty.[8] The evidence indicates, therefore, that delaying the first

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[7]For examples of the relationship between early childbearing and excess fertility, see the following: Pascal Whelpton, Arthur A. Campbell, and J. E. Patterson, Fertility and Family Planning in the United States (Princeton, N.J.: Princeton University Press, 1966), especially Chapter 8; National Center for Health Statistics: Children of Divorced Couples: U. S., Selected Years. Vital and Health Statistics PHS Pub. No. 1000, Series 21, No. 18 (Washington, D.C.: U.S. Government Printing Office, 1970), Table 15, p. 26 and Table 16, p. 27; and Arthur A. Campbell, "The Role of Family Planning in the Reduction of Poverty," Journal of Marriage and the Family (May, 1968), pp. 236-245.

[8]See Orshansky, "Poverty Profile," and National Advisory Commission on Rural Poverty. The People Left Behind (Washington, D.C.: U.S. Government Printing Office, 1967), p. 75.

birth may be more important than preventing a higher order birth--the 6th, 7th, 8th, etc.[9]

Not only does a pregnancy and subsequent birth at a too young age contribute to poverty conditions, the young girls themselves and their infants are at high risk medically. In the young adolescent, pregnancy has been reported to be associated with high incidence of toxemia, anemia, contracted pelvis, prolonged labor, and other complications of pregnancy and delivery.[10] Such complications are especially evidenced in girls from low-income families who, as a rule, do not receive early and regular prenatal care.

Evidence tends to indicate that young expectant girls, especially from low-income groups, are "risks with respect to giving birth to immature (low weight) infants."[11] The association between

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[9] Freedman and Coombs, "Childspacing and Family Economic Position."

[10] R. Aznar and A. E. Bennett, "Pregnancy in the Adolescent Girl," American Journal of Obstetrics and Gynecology, Vol. 81 (1961), pp. 934-940; F. Battaglia, T. Frazier, and A. Hellegers, "Obstetrics and Pediatric Complications of Juvenile Pregnancy," Pediatrics, Vol. 32 (1963), pp. 902-910; A. David Claman and H. Michael Bell, "Pregnancy in the Very Young Teen-Ager," American Journal of Obstetrics and Gynecology, Vol. 90 (October, 1964), pp. 350-355; and Howard J. Osofsky et al., "A Program for Pregnant Schoolgirls," Adolescence, Vol. III, No. 9 (Spring, 1968), pp. 89-108.

[11] National Center for Health Statistics: Natality Statistics Analysis, United States, 1965-67. Vital and Health Statistics. PHS Pub. No. 1000, Series 21, No. 19. Public Health Service (Washington, D.C.: U.S. Government Printing Office, 1970), Table 16, pp. 25-26; Battaglia, et al., "Obstetrics and Pediatric Complications;" and Helen C. Chase, "The Relationship of Certain Biologic and Socioeconomic Factors to Fetal, Infant, and Early Childhood Mortality," Part II (New York State Department of Health, Albany, New York, 1962), pp. 30-32.

low-birth weights, high infant mortality and morbidity and the socio-economic level of mothers has been well documented. Each of these dependent variables tends to reflect the health and nutrition of the mother.[12] And there can be no doubt that the problem of malnutrition is more prevalent among low-income families. Further, data indicate that both the unwed and the married young mothers are generally found at a low socioeconomic level.

The above points have special relevance to the problems centered around infants' growth and development. Existing evidence strongly suggests that growth and developmental processes are thwarted in infants who are malnourished prior to and immediately following birth.[13] And while the evidence is not yet conclusive, there is some indication that the impairments to infants may be irreversible. If this is indeed the case, it seems logical to assume that restricted brain and physical development in infancy will grossly limit the competitive powers of the eventual adult.

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[12] Donald Lindsley and Austin Riesen, "Biological Substrates of Development and Behavior," in Perspectives on Human Deprivation: Biological, Psychological and Sociological (Washington D.C.: U.S. Department of Health, Education, and Welfare, 1968), p. 243.

[13] See the following animal studies from which inferential associations between malnutrition and developmental processes and behavior have been made. John J. Cowley, "Time, Place and Nutrition: Some Observations From Animal Studies," John Dobbing, "Effects of Experimental Undernutrition on Development of the Nervous System," both in Malnutrition, Learning and Behavior, ed. by Nevin S. Scrimshaw and John E. Gordon (Massachusetts: The M.I.T. Press, 1968), pp. 210-228 and 181-202, respectively; and Bacon F. Chow, et al., "Maternal Nutrition and Metabolism of the Offspring: Studies in Rats and Man," American Journal of Public Health, Vol. 58, No. 4 (April, 1968), pp. 668-677.

The major purpose of this paper has been to present the following basic ideas: (1) the problems associated with adolescent pregnancy and childbearing warrant that adolescent pregnancy, per se, rather than illegitimacy becomes our concern, (2) too early marriage and/or childrearing predispose the young girl to disadvantages which are directly related to poverty conditions and social dependency, and (3) too early childbearing adversely affects the health status of both mother and infant.

As a result of the evidence presented, the following observations have been made: (1) that, in relation to poverty, the timing of the first birth may be of greater strategic importance than the ultimate size of the family; (2) that existing family planning programs fail to reach the potential adolescent obstetric population and, by so doing, they are unlikely to affect timing of first births, and (3) that adolescent pregnancy is far less a moral problem than it is a socioeconomic and health problem.

On the basis of the observations made and general knowledge in the area, the following recommendations are presented for researchers dedicated to the study of social problems: (1) to apply the scientific method and theory to the study of the relationship between timing of first births and the incidence of poverty; (2) to construct a theoretical base for the study of adolescent pregnancy within a social system's framework. Present knowledge indicates that etiologic explanations of adolescent pregnancy, especially illegitimate pregnancy,

are either psychologically oriented (internal dynamics) or sociologically oriented (cultural motivations). Explanations within both orientations have failed to differentiate between (a) sexual behavior, (b) pregnancy, and (c) ensuing births as distinct researchable questions; and (3) to study motivation to avert pregnancy among adolescent girls themselves, adolescent boys, and parents.

Recommendations for the Social Work Profession and Social Welfare Policy are: (1) in relation to the present social problem, social workers must become change agents within the system. They must operate as "social engineers" within their respective organizations which are very unlikely to initiate change. Social workers must speak out vigorously within communities for change in attitudes. They must help lay to rest the notion that illegitimacy, as a moral issue, is the problem at hand--that early marriage alleviates the adverse effects of adolescent pregnancy and childbearing; (2) social welfare policy must be broadened to view all teenagers as potential obstetric patients and as probable eventual social dependents. From such a point of view, there is a need to move away from concern with illegitimacy to a comprehensive policy which encompasses the entire realm of adolescent pregnancy with primary focus directed toward prevention.

CLJ/hlm
April 1, 1971

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